

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

#4 KL

PLAINTIFF <b>Lisa A. Biron</b>	COURT CASE NUMBER <b>4:15-CV-205-0</b>
DEFENDANT <b>Mr. Jody Upton, FMC Carswell Warden</b>	TYPE OF PROCESS <b>Civil</b>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Jody R. Upton, Warden, Federal Medical Center, Carswell</b>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>J Street, Bldg. 3000, Fort Worth, Texas 76127</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <b>1</b>
<b>Lisa A. Biron</b> <b>Reg. # 12775-049</b> <b>Federal Correctional Institution</b> <b>P.O. Box 1731</b> <b>Waseca, MN 56093</b>	Number of parties to be served in this case <b>57</b>
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Lisa Biron</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>(507) 835-8972</b>	DATE <b>11/5/2018</b>
--	---	---	--------------------------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>7</b>	District of Origin No. <b>A77</b>	District to Serve No. <b>A77</b>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date <b>JAFS 11/6/18</b>
---	---------------------------	--------------------------------------	-------------------------------------	--	-----------------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <b>Kacie Inman, Senior CLC Attorney</b>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above) <b>3000 I St.</b> <b>Ft. Worth, TX 76107</b>	Date <b>11/31/2018</b>
	Time <b>11:50</b>
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee <b>\$65.00</b>	Total Mileage Charges including endeavors <b>\$10.08</b>	Forwarding Fee	Total Charges <b>\$75.08</b>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>IFP</b>
-------------------------------	---	----------------	---------------------------------	------------------	---

REMARKS:  
**11/31/2018- Above accepted service on behalf of within named. 19.6 miles r/t.**

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No. 4:15-cv-00205-O

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Jody R. Upton  
was received by me on (date) November 16, 2018.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) Kacie Inman, who is designated  
by law to accept service of process on behalf of (name of organization) FMC Carswell  
on (date) November 21, 2018; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ other (specify) \_\_\_\_\_

My fees are \$ 10.68 for travel and \$ 65.00 for services, for a total of \$ 75.68

I declare under penalty of perjury that this information is true.

Date: November 21, 2018  
U.S. DISTRICT COURT  
DISTRICT OF TEXAS  
FILED  
NOV 21 2018 3:05 pm

K. Luckey  
Server's signature

K. Luckey, DUSM  
Printed name and title

U.S. Courthouse Ft. Worth, TX  
Server's address

Additional information regarding attempted service, etc:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

#5 KL

PLAINTIFF <b>Lisa A. Biron</b>	COURT CASE NUMBER <b>4:15-CV-205-0</b>
DEFENDANT <b>FNU Wenger, SIS Officer</b>	TYPE OF PROCESS <b>Civil</b>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Ms. Wenger, Federal Medical Center, Carswell</b>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>J Street, Bldg. 3000, Fort Worth, Texas 76127</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**Lisa A. Biron**  
**Reg. # 12775-049**  
**Federal Correctional Institution**  
**P.O. Box 1731**  
**Waseca, MN 56093**

Number of process to be served with this Form 285

1

Number of parties to be served in this case

57

Check for service on U.S.A.

N

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney or Originator requesting service on behalf of:

Lisa Biron

☒ PLAINTIFF  
☐ DEFENDANT

 TELEPHONE NUMBER  
**(507) 835-8972**

 DATE  
**11/5/2018**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>7</b>	District of Origin No. <b>A77</b>	District to Serve No. <b>A77</b>	Signature of Authorized USMS Deputy or Clerk <b>[Signature]</b>	Date <b>JDZS 11-16-18</b>
---	---------------------------	--------------------------------------	-------------------------------------	--	------------------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Kacie Inman Senior CLC Attorney

Address (complete only different than shown above)

3000 I St.

A. Worth, TX 76127

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

 Date  
**11/21/2018**

 Time  
**11:50**
☒ am  
☐ pm

Signature of U.S. Marshal or Deputy

K. Luker

Service Fee <b>\$65.00</b>	Total Mileage Charges including endeavors <b>0</b>	Forwarding Fee	Total Charges <b>\$65.00</b>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>IFP</b>
-------------------------------	---	----------------	---------------------------------	------------------	---

REMARKS:

11/21/2018- Above accepted service on behalf of within named.

## PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

2018

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No. 4:15-cv-00205-O

**PROOF OF SERVICE**

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Ms. Wenger  
 was received by me on (date) November 16, 2018

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
 on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
 a person of suitable age and discretion who resides there,  
 on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) Kacie Inman, who is designated  
 by law to accept service of process on behalf of (name of organization) FMC Carswell  
 on (date) November 21, 2018; or

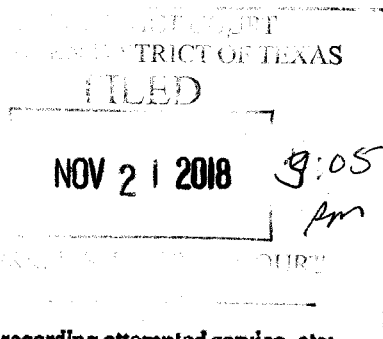
☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ other (specify) \_\_\_\_\_

My fees are \$ 0 for travel and \$ 65.00 for services, for a total of \$ 65.00

I declare under penalty of perjury that this information is true.

Date: November 21, 2018



K. Luckey  
 Server's signature  
K. Luckey, DUSM  
 Printed name and title  
V.S. Courthouse Ft. Worth, TX  
 Server's address

Additional information regarding attempted service, etc:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN #7 XL

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Lisa A. Biron

COURT CASE NUMBER

4:15-CV-205-0

DEFENDANT

E. Smith-Branton, Unit Disciplinary Committee Member

TYPE OF PROCESS

Civil

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Ms. E. Smith-Branton, Federal Medical Center, Carswell

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

J Street, Bldg. 3000, Fort Worth, Texas 76127

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Lisa A. Biron  
Reg. #12775-049  
Federal Correctional Institution  
P.O. Box 1731  
Waseca, MN 56093

Number of process to be served with this Form 285

1

Number of parties to be served in this case

57

Check for service on U.S.A.

N

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Lisa Biron

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(507) 835-8972

DATE

11/5/2018

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

7

District of Origin

No. A77

District to Serve

No. A77

Signature of Authorized USMS Deputy or Clerk

JPS

Date

11/16/18

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Kacie Inman, Senior PLC Attorney

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

3000 I St.  
Ft. Worth, TX 76127

Date

11/21/2018

Time

11:50

☒ am  
☐ pm

Signature of U.S. Marshal or Deputy

L. J. J. J.

Service Fee

\$65.00

Total Mileage Charges including endeavors)

0

Forwarding Fee

Total Charges

\$65.00

Advance Deposits

Amount owed to U.S. Marshal or (Amount of Refund\*)

IFP

REMARKS:

11/21/2018 - Above accepted service on behalf of within named.

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No. 4:15-cv-00205-O

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Ms. E. Smith-Branton  
 was received by me on (date) November 16, 2018

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
 on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
 a person of suitable age and discretion who resides there,  
 on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) Kacie Inman, who is designated  
 by law to accept service of process on behalf of (name of organization) FMC (CWSW)  
 on (date) November 21, 2018; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ other (specify) \_\_\_\_\_

My fees are \$ 0 for travel and \$ 65.00 for services, for a total of \$ 65.00

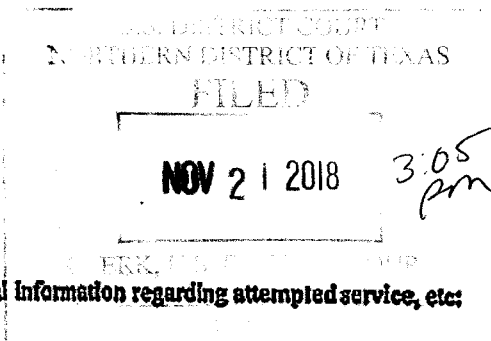
I declare under penalty of perjury that this information is true.

Date: November 21, 2018

K. Luckey  
 Server's signature

K. Luckey, DUSM  
 Printed name and title

U.S. Courthouse Ft. Worth, TX  
 Server's address





U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

#6 KL

PLAINTIFF

**Lisa A. Biron**

COURT CASE NUMBER

**4:15-CV-205-0**

DEFENDANT

**FNU Kingsley, SIS Officer**

TYPE OF PROCESS

**Civil**

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Ms. Kingsley, Federal Medical Center, Carswell**  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**J Street, Bldg. 3000, Fort Worth, Texas 76127**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**Lisa A. Biron**  
**Reg. # 12775-049**  
**Federal Correctional Institution**  
**P.O. Box 1731**  
**Waseca, MN 56093**

Number of process to be served with this Form 285

**1**

Number of parties to be served in this case

**57**

Check for service on U.S.A.

**N**

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:

*Lisa Biron*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**(507) 835-8972**

DATE

**11/5/2018**

2018 NOV 16 PM 7:00  
U.S. MARSHALS SERVICE  
FORT WORTH, TEXA

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>7</b>	District of Origin No. <b>A77</b>	District to Serve No. <b>A77</b>	Signature of Authorized USMS Deputy or Clerk <i>DP</i>	Date <b>11-16-18</b>
---	---------------------------	--------------------------------------	-------------------------------------	---	-------------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

**Kacie Iman, Senior CLC Attorney**

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

**3000 I St.**  
**Ft. Worth, TX 76127**

Date  
**11/21/2018**  
Time  
**11:50**  
☒ am  
☐ pm

Signature of U.S. Marshal or Deputy

*K. X. X. X.*

Service Fee <b>\$65.00</b>	Total Mileage Charges including endeavors) <b>0</b>	Forwarding Fee	Total Charges <b>\$65.00</b>	Advance Deposits	Amount owed to U.S. Marshal or (Amount of Refund*) <b>IFP</b>
-------------------------------	--	----------------	---------------------------------	------------------	--

REMARKS:

**11/21/2018 - Above accepted service on behalf of within named.**

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

2018

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No. 4:15-cv-00205-O

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Ms. Kingsley  
 was received by me on (date) November 16, 2018.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
 on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
 a person of suitable age and discretion who resides there,  
 on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) Kerie Inman, who is designated  
 by law to accept service of process on behalf of (name of organization) FMC Parswell  
 on (date) November 21, 2018; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ other (specify) \_\_\_\_\_

My fees are \$ 0 for travel and \$ 65.00 for services, for a total of \$ 65.00

I declare under penalty of perjury that this information is true.

Date: November 21, 2018

K. Luckey  
 Server's signature

K. Luckey, DUSM  
 Printed name and title

U.S. Courthouse Ft. Worth, TX  
 Server's address

NOV 21 2018 3:05 PM

Additional information regarding attempted service, etc: